SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET 0/009960 APPLICANT(S) (FOR USE WITH FORM PTO-875) CLAIMS AFTER AFTER
1st AMENDMENT 2nd AMENDMENT AS FILED IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND DEP. :0 <u>15</u> <u>J0</u> <u>,21</u> <u> 26</u> 35 36 37 <u> 38</u> <u>43</u> IAL TOJAL TOTAL &PATMS MAY BE -- SD POR ADDITIONAL CLAIMS OR AMENDMENTS DEPARTMENT COMMERCE